

Inspections Department P.O. Box 460

Mineral Wells, Texas 76068
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FOOD PERMIT APPLICATION

Business Information:			
Business Name		DBA_	
Address			
Contact Name			
Phone Number			
Types of Food Served			
Hours of Operation			
Owner Information:			
Property Owner			
Address			
City		_State	
Phone	Fax		Email
Are You A Certified Food Manager?			
Billing Information:			
Billing Contact	 		
Address			
City		State	
Phone	Fax		Email
Signature of Owner:		г	For Department Use Only
			Initial Inspection Date:
			Submittal Date:
			Accepted By:
			lotal Fees:
		⊢	Payment Method:
			Permit No.